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ريع 2006 و 1					<b>A</b>		PTO/SB/17 (01-06)
<i>1</i> 5 ;	4-4-5400	<b>.</b>		U.S. Pater	t and Tradem	ved for use through ark Office; U.S. DE	EPARTMENT OF COMMERCE
Under the Paperwork Reduct	on Act of 1995	o no persons are requir	red to res	pond to a collection		on unless it display onplete if Knov	ys a valid OMB control number
ACES pursuant to the Consolid				Application Nu	T	/667,633	
I FEE TR	ANS	SMITTA		Filing Date		ptember 22, 20	003
For FY 2006		-	First Named In				
				Examiner Name Dung Le Lam			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit			
TOTAL AMOUNT OF PAY	MENT (\$	910.00		Attorney Docke		-0390.1US	·
METHOD OF PAYMENT (check all that apply)							
Check Credit	Check Credit Card Money Order None Other (please identify):						
Deposit Account Deposit Account Number: 09-0435  Deposit Account Name: InterDigital Communications Corporation  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEAI			EES				
	FILING	FEES Small Entity	SEARC	CH FEES Small Entity	EXAMIN	ATION FEES Small Entity	
Application Type	Fee (\$)		Fee (\$)		Fee (\$)		Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	<del></del>
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	ES					Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (	including F	Reissues)				50	25
Each independent cla		•	es)			200	100
Multiple dependent of						360	180
<u>Total Claims</u>	Extra Clair		Fee	Paid (\$)			ependent Claims
HP = highest number of tota	l claims paid f	or, if greater than 20.	. =	0		<u>Fee (\$)</u>	Fee Paid (\$)
Indep. Claims	Extra Clair		Fee I	Paid (\$)			<del></del>
HP = highest number of inde	pendent claim	X is paid for, if greater tha	= in 3.	0			
3. APPLICATION SIZE				/ 1 1º			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
						man chicky) for	cach additional 50
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x = Fee (\$)							
		/ 50 =		(round up to a	whole numb	er) x	
Non-English Specifi	cation, \$	130 fee (no small	entity d	liscount)			Fees Paid (\$)

Other (e.g.,	910.00		
SUBMITTED BY			
Signature	~/~A	Registration No. (Attomey/Agent) 29,662	Telephone 215-568-6400
Name (Print/Type)	C. Frederick Koenig III		Date 10/12/0-5

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.